UNITED STATES DEPARTMENT OF THE INTERIOR NATIONAL PARK SERVICE PERIODIC CONCESSION EVALUATION REPORT Thermal Water Bathhouses – Standard No. XVI

FORM 10-616 (Rev 6/82)

| Concid#: | | Name of Concessioner: | | | | | | | | | |
|---------------------|--|-----------------------|--|--|--|--|--|--|--|--|--|
| Region: | | Facility/Service: | | | | | | | | | |
| Year of Evaluation: | | | | | | | | | | | |

NOTICE TO CONCESSIONER: The elements (X) below were found deficient this date and must be corrected by the date(s) specified below. Failure to make correction(s) within the date(s) specified will result in downgrading the initial rating and may result in an unsatisfactory rating which may affect your

ELEMENTS/CLASSIFICATION
Check (Box) in space provided - applicable elements (APP.)
Check (Box) in space provided - those which are deficient (DEF.)

| Check (Box) in space provided - those which are deficient (DEF.) | | | | | | | | | | | | |
|--|------------------------------|----------------------|--------------------------|------|--------------|---|------------------------|---------------------------|-----------|-------|--------|--|
| Element | | | | | Element | | | | | | | |
| A. FACILITY EXTERIOR | | Ï | APP. | DEF. | E. EQUIPMENT | | | APP. | DEF. | | | |
| 1. | Structure Condition (B) | | | | | 22. Bath Tubs (A) | | | | | | |
| 2. | Grounds (B) | | | | | 23. | Vapor Cabinets (C) | | | | | |
| 3. | Public Sig | gns (C) | | | | 24. | Hydrotherapy Pools (A) | | | | | |
| 4. Garbage and Trash (B) | | | | | 25. | Thermometers (A) | | | | | | |
| Element | | | | | 26. | Bath Mitts (A) | | | | | | |
| | B. FA | CILITY INTERIOR | İ | APP. | DEF. | 27. | Clocks (A) | | | | | |
| 5. | Public Restrooms (A) | | | | | 28. | Linen (A) | | | | | |
| 6. | . Public Signs (C) | | | | | 29. | Shower Curtains (B) |) | | | | |
| 7. | Public and | d Other Areas (B) | | | | 30. | Shower Stalls (B) | | | | | |
| Element | | | | | 31. Soap (B) | | | | | | | |
| C. OPERATIONAL | | | APP. | DEF. | | Element | | | | 1 | | |
| 8. | Employee 0 | Certification (A) | | | | | F. OTHER | | | APP. | DEF. | |
| 9. | 9. Employee Health Exams (A) | | | | | 32. | Vending (B) | | | | | |
| 10. | Report of | Bathhouse Employmen | nt (B) | | | 33. | Beverage Container | Guidel | lines (B) | | | |
| 11. | Employee | Performance (A) | | | | | | | | | I . | |
| 12. | | | | | | | | | | | | |
| 13. | Employee 2 | Appearance (A) | | | | | | | | | | |
| 14. | | | | | | | | | | | | |
| 15. | Application | on & Certificate for | r Bath | | | | | | | | | |
| (A) | | | | | | | | | | | | |
| 16. Approved Bath Directors (A) | | | | | | | | | | | | |
| 17. | Bath Tick | . , | | | | <u> </u> | | | | | | |
| 18. | Floors (A |) | | | | | | | | | | |
| Element | | | | | | | | | | | | |
| D. RATES | | | APP. | DEF. | | | | | | | | |
| 19. | | d Rates (A) | | | | | | | | | | |
| 20. Posting of Rates (B) | | | | | | | | | | , | | |
| 21. Sales Verification (C) | | | | | | | | | | | | |
| | | | EVALUAT | | | | CORRECTE | | RECTED | | | |
| # | | | | | | | | | BY (Date) | BY | (Date) | |
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| | | # OF OBSERVA | TIONS BY CLASSIFICATIONS | | NS | NUMERIC NPS EVALUATOR PERIODIC RATING SIGNATURE | | CONCESSIONER SIGNATURE | | | | |
| DATE INITIAL | | A | В | | | C | PERIODIC RATING | 510 | MAIUKE | PIGNA | TIUKE | |
| THITTUH | | | | | | | Preliminary | | | | | |
| FOLLOW-UP | | | | | | | | | | | | |
| | | • | | | | Final | | | | | | |
| REMARKS: | | | | | | | | | | | | |